# Appendix 8d

# Text and E-mail Recruitment Scripts

# Medical Monitoring Project

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# Medical Monitoring Project

# Before attempting to contact sampled persons via text or e-mail, MMP staff should review the privacy policy of the internet sites or cell phone providers used for text and e-mail. This is to ensure that, in the event that others gain access to the text or email messages, the phone numbers and email addresses used by MMP staff cannot be linked back through caller IDs, cookies, IP addresses, etc. to HIV surveillance or any other entity that might raise suspicions about a sampled person’s HIV status. For example, caller IDs for phone numbers should not be linked to HIV Surveillance or other HIV-related public health activities.

# Text Messages for PERSONS SAMPLED FOR MMP

The purpose of communicating with patients via text is to initiate a voice or face-to-face conversation to confirm identity and recruit the person for interview.

Before you send a text message, validate that the number you have is a cell-phone by checking on [www.reversemobile.com](http://www.reversemobile.com) or a similar site.

Staff should use the following templates when sending text messages to sampled persons. The full name of the staff member should not be used in the text, because of the risk that it can be traced back to HIV-related activities. Text messages sent with greater than 160 characters (including spaces) may be broken into multiple messages on the recipient’s phone.

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| --- | --- |
| **Example 1 (<160 characters)** | Complete a confidential health survey and get **[TOKEN OF APPRECIATION AMOUNT AND FORMAT (e.g., $25 check)]!** Call **[FIRST NAME ONLY]** at the **[JURISDICTION Health Department]** for details, \_ \_ \_- \_ \_ \_ - \_ \_ \_ \_. |

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| **Example 2** | I am **[FIRST NAME ONLY]** with the **[JURISDICTION Health Department]**. You were chosen to take part in a health survey. You will receive **[TOKEN OF APPRECIATION AMOUNT AND FORMAT (e.g., $25 check)]** for your participation. Please call me at \_ \_ \_- \_ \_ \_ - \_ \_ \_ \_ |

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| **Example 3** | This is **[FIRST NAME]** with the **[JURISDICTION Health Department]**. I need to talk with you about taking part in a health survey for which you will get **[TOKEN OF APPRECIATION AMOUNT AND FORMAT (e.g., $25 check)]**. Please call me at \_ \_ \_-\_ \_ \_ -\_ \_ \_ \_ |

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| **Example 4** | Would you like to take part in a **[JURISDICTION Health Department]** survey for which you will get a **[TOKEN OF APPRECIATION AMOUNT AND FORMAT (e.g., $25 check)]**? Please call me at \_\_\_-\_\_\_-\_\_\_\_\_ to do the survey or to let me know that you are not interested. Thanks! |

If the sampled person responds to the text message, the sampled person’s identity must be confirmed in person or via phone according to project protocols before continuing with recruitment.

**E-mail or Short Message Service (SMS) Messages for Sampled Patients**

The following is an email message template that may be sent to sampled persons. Only a generic Health Department email address that meets standard data and confidentiality requirements may be used to contact sampled persons. The email address should not link back to any HIV-related programs or activities. Do not use the full name of the staff member when sending the email because it can be traced back to HIV-related activities

**Email #1 to Patient**

Hello [First name of Sampled Person]

My name is [FIRST NAME] and I work for the [JURISDICTION Department of Health]. You were randomly chosen to take part in a health survey. The health survey will help us learn more about your health care experiences.

If you agree to participate:

* You will take a 40-minute survey. You can complete it over the phone or in person at a place and time of your choosing.
* **You will get [TOKEN OF APPRECIATION AMOUNT AND FORMAT] for your participation.**
* You can refuse to answer any question that is asked. All the information collected will be kept private. Your name will not be linked to any of your answers.

Please call me at [PHONE NUMBER] so that I can speak with you about this health survey.

Thank you!

[FIRST NAME AND CONTACT INFORMATION]